ITEMIZED BUDGET - SALARIES AND EMPLOYEE BENEFITS

FROM _____/_____/_____ TO _____/_____/_____ SUB-GRANTEE NAME: _____

SALARIES STAFF POSITION	HOURS PER WEEK	% OF TIME ON PROJECT	ANNUAL SALARY	AMOUNT REQUESTED FROM DSS
1.				
2.				
3.				
4.				
5.				
6.				
TOTAL SALARIES REQUESTED FROM DSS	----------------	----------------	-------------	

EMPLOYEE BENEFITS

NAME OF BENEFIT	STAFF POSITION (# ABOVE)	% OR RATE	ANNUAL COST	AMOUNT REQUESTED FROM DSS
FICA				
PENSION/RETIREMENT				
HEALTH INSURANCE				
WORKER'S COMPENSATION				
UNEMPLOYMENT				
OTHER (SPECIFY)				
TOTAL EMPLOYEE BENEFITS REQUESTED FROM DSS	-------------	----------	------------	